

# PRIME For Life<sup>®</sup>

Lifetime Risk Reduction that works<sup>™</sup>

**P**PRIME For Life is more than just an awareness program.

It is an educational program designed to influence behaviors using a research-based persuasion protocol. There are no scare tactics, no exaggerations, no war stories, no personal judgment. **PRIME For Life** is based on the Lifestyle Risk Reduction Model which was articulated in 1983 by Prevention Research Institute, a non-profit organization based in Lexington, Kentucky. The Model's focus on the reduction of problems related to alcohol and drug use guides all program development and training.

## Lifestyle Risk Reduction

The Lifestyle Risk Reduction Model specifies three equally important, measurable, behavioral goals:

1. Increase abstinence for a lifetime.
2. Delay the age of first use of alcohol.
3. Reduce high-risk choices.

*"...the training was immeasurably valuable for me on a professional and personal level."*

Erick, youth instructor, Iowa City, IA

## Program



**PRIME For Life** is designed to change actual drinking and drug use behaviors. The program is more than just an awareness program; it is a program designed to change behaviors using education coupled with a research-based persuasion protocol. It is in this spirit of influencing behavior, not controlling it, persuading people to behavior change, not commanding it, and touching the hearts of those most needing prevention and intervention, that **PRIME For Life** has been written.

## Evaluations



Prevention Research Institute is committed to evaluation of program impact, and its Risk Reduction programs have shown positive behavior change in both internal and independent studies. The longest

follow-up data available indicate the increase in abstinence and decrease in high-risk use becomes greater over time. A recent evaluation looking at differential impact based on family history of alcoholism indicates the reduction in use is even stronger among those with a family history of alcoholism. Detailed summaries of evaluations and results are available from Prevention Research Institute.

## Trainings



Prevention Research Institute regularly offers new instructor training workshops throughout the country. Instructor materials include a detailed Instructor's Manual cross-referenced to nearly 1500 scientific publications; a set

of four program DVD discs; a student workbook; an instructor study guide; and an instructor resource CD-ROM. A set of full-color posters is available for each teaching site. Participants are granted Continuing Education Units (CEUs) for attending a training. Technical assistance and follow-up after the training is an ongoing support service offered by Prevention Research Institute staff.

In addition to new instructor training, Prevention Research Institute conducts several continuing education conferences annually for trained **PRIME For Life** instructors. These conferences include workshops to build skills, enhance understanding of curriculum materials and re-energize instructors. Instructors are also kept up-to-date with a newsletter that includes general information of interest to instructors and summaries of new research with implications for teaching **PRIME For Life**.

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Lifetime Risk Reduction that works<sup>SM</sup>

## DUI Offenders

PRIME For Life is used for people convicted of driving under the influence (DUI) of alcohol or other drugs. It is used statewide for DUI offenders in Georgia, Hawaii, Indiana, Iowa, Maine, Rhode Island, North Dakota, South Carolina, and Utah, and is one of several programs that may be used in many states. It is carefully designed for effective "therapeutic education" for people who make high-risk drinking choices. A decade of evaluation shows the curriculum changes attitudes and behaviors with first and multiple offenders, and has impact across DSM diagnostic categories.

## Adults

PRIME For Life is intended for adults in many settings, from court-ordered audiences to the workplace or places of worship. The program is offered through welfare-to-work programs and military systems throughout the world.

## Parents

When parents receive PRIME For Life, they not only learn information to reduce the risk that their children will experience any type of alcohol-related problem over their lifetime, but also learn how to communicate this information. The curriculum is used with parents whose children are participating in court diversion or juvenile justice programs.

## Youth

PRIME For Life is often used for youth ages 13 to 20 who already engage in high-risk drinking or drug use or who are in a group likely to begin making choices that increase risk for problems. Thousands of young people throughout the country are taught the curriculum through juvenile justice systems, underage DUI programs, court diversion, school student assistance, and similar programs. The program is taught systemwide in Alaska, Kentucky, and South Dakota. Some schools teach the curriculum in the middle or high school setting.

## College Students

PRIME For Life is available for delivery on college campuses. The program is often taught to students who have violated campus alcohol or drug

policies, through freshmen health classes or through athletic departments. Several Greek organizations have adopted PRIME For Life for implementation by their chapters nationwide.

## FOR MORE INFORMATION

Prevention Research Institute regularly conducts instructor trainings. For a current training schedule or for more information, please call 1-888-2ASK PRI or visit our website at [www.primeforlife.org](http://www.primeforlife.org).

*"...I don't have words to thank you for everything you taught me. I wish I would have heard this information 20 years ago."*

Georgia DUI Offender

MT's Contractor:

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## Why PRIME For Life?

The Bureau has four reasons why it has chosen PRIME For Life to be the sole state curriculum. First, its goals and strategies are to enhance the motivation to change high-risk behavior held by participants and effectively interrupt the progression of use with DUI offenders. Its intervention component focuses on self-assessment to help people understand and accept the need for change. For those who already need treatment, the program serves as a pre-treatment educational program and supports abstinence.

Second, PRIME For Life has documented research findings. Seven different recidivism studies in six states have been conducted on PFL showing it “reduces recidivism, positively impacts clients’ intentions to change behaviors, increases client recognition of the need for treatment, and contributes to other positive outcomes.”<sup>1</sup> (Prevention Research Institute, 2008, p.3) Evaluation summaries are available at [www.askpri.org](http://www.askpri.org).

Third, the uniformity of the material and instructor training ensure program fidelity. Using a persuasion-based approach, instructors use a variety of delivery methods, including interactive presentation and small group discussion. Material is presented using a DVD platform with animation, full-motion video clips, and audio clips to enhance the learning experience. □ Additionally, to ensure program fidelity, PFL uses an Instructor Development Tool to ensure the course material is uniformly presented. It also has a standardized before and after Program Survey measuring the effectiveness of the curriculum.

Finally, it is not too costly to implement on a statewide basis. PFL agrees to work with the Bureau to accommodate to Montana’s DUI laws, ACT administrative rules, and unique rural setting. As the sole ACT curriculum in Montana, Prime For Life program staff will provide statewide training twice a year at no charge. Trained instructors receive all PFL material after successfully completing the training. Participants use workbooks throughout the course to complete a number of individual and group activities. Each ACT client must buy a participant workbook for \$25.00.

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<sup>1</sup> Prevention Research Institute Inc., “You Won’t See Me Again”, PRI pamphlet. 2008.



The Chemical Dependency Bureau of the Addictive and Mental Disorders Division, Department of Public Health & Human Services in cooperation with the State Highway Traffic Safety Bureau of the Montana Department of Transportation has adopted PRIME For Life (PFL) curriculum to be offered in all A.C.T. programs serving DUI offenders. Montana joins ten other states and the US Army in adopting PRIME For Life as the sole impaired driving curriculum.

PRIME For Life is an evidence-based therapeutic educational experience developed by Prevention Research Institute (PRI), a nonprofit organization based in Lexington, Kentucky. The program is designed to reduce risk for alcohol- and drug-related health and impairment problems. PRIME For Life is interactive and relies on teaching processes derived from persuasion research and best practices in the addiction field. Evaluations indicate PRIME For Life significantly alters attitudes, increases perception of risk, increases abstinence, and reduces high-risk drinking and drug use.

PfL uses a research-based persuasion protocol, which has shown to contribute to lower recidivism rates (DUI re-arrests) in seven independent studies. Therefore it is believed that by adopting PFL as the sole ACT curriculum the number of multiply DUI convictions and overall rate of young driver crashes will be reduced.

With the financial assistance from the State Highway Traffic Safety Bureau all current A.C.T instructors, along with other addiction professionals, will receive 32 hours of training. Participants must complete the training, pass a written test, and successfully instruct a PFL course to become a certified PFL instructor. The first training will take April 26<sup>th</sup> – 30<sup>th</sup> in Helena, and May 3<sup>rd</sup> – May 7<sup>th</sup> in Billings.

The implementation of PRIME For Life in the ACT programs will happen by September across the State but in some areas it could start as early as mid May of this year. Your local ACT program will be in contact with you regarding their specific implementation plan and cost of the new ACT program in your community.

For more information about PRIME For Life, visit [www.primeforlife.org](http://www.primeforlife.org)



### **Reduced Recidivism**

- In Georgia, researchers at Emory University School of Medicine found that offenders who did not complete the program recidivated at the rate of 27.1%, compared to a rate of 12.5% for those who did complete (Marsteller, Rolka, & Falik, 1997). Between July 1991 to June 1996, 230,691 offenders were studied. Fifty-eight percent had completed the program.
- Iowa Consortium for Substance Abuse Research and Evaluation conducted a three-year study (Engen, Richards, & Patterson, 1995). Recidivism data were available and derived for 1,598 individuals, at 30 days, 180 days, 360 days, and 450 days post-training. Rates for these timeframes were 0.4%, 3.8%, 5.8%, and 7.0%, well below rates described elsewhere. Comparative rates between first-time and multiple offenders did not diverge until the 450 day timeframe. A 1998 follow-up for the same cohort (at 2½ years) revealed a recidivism rate of 15.4% for first-time offenders, and 19.3% for multiple offenders, still below rates described elsewhere (Wells-Parker et al., 1995).
- In Nashville, the two-three year recidivism rate for first offenders receiving only PRIME For Life was 7.8% for any alcohol or drug re-arrest and 4.5% for a DUI re-arrest (Reynolds, 2004). For first offenders receiving PRIME For Life plus treatment, the recidivism rates were 12.7% for any alcohol/drug re-arrest and 7.7% for a DUI re-arrest. For multiple offenders completing treatment only, the recidivism rate was 12.9% for any alcohol/drug re-arrest and 9.0% for a DUI re-arrest. This study was replicated in 2005 (Reynolds, 2005). First offenders receiving only PRIME For Life recidivated at 5.8%. Offenders who received only treatment recidivated at 9.5%. Offenders who received PRIME For Life plus treatment recidivated at the rate of 6.3%.
- In South Carolina an analysis found 7.2% (Group 1) of clients receiving only PRIME For Life recidivated over a three-year period (Nalty, 2003). For clients receiving PRIME For Life plus treatment, the three-year recidivism rate was 8.5% (Group 2). For clients receiving treatment only, the rate was 9.9% (Group 3). Of Group 1 participants, 21.8% were diagnosed with alcohol dependence. Of Groups 2 and 3, 41% and 47.8%, respectively, were diagnosed with alcohol dependence. Since the treatment-only group and the PRIME For Life plus treatment group had rather comparable rates of alcohol dependence diagnosis, it seems that PRIME For Life can be a very powerful pre-treatment component.
- In Indiana, data 2188 PRIME For Life participants and 2188 comparison participants was collected from January 1, 2002 through December 31, 2004 (Lowenkamp, Latessa, & Bechtel, 2007). A risk composite measure was developed to control for differences in risk between the PRIME For Life and comparison groups. Follow-up period for recidivism was one year-- calculated based on the date of discharge from the program. Nineteen percent of the PRIME For Life group was re-arrested for a misdemeanor or felony (of any type) within one year after the discharge date, while about 29% of the comparison group was re-arrested within one year following their completion of probation. Controlling for differences in risk between the participant and comparison groups, the probationers/comparison group was significantly more likely to be re-arrested than the PRIME For Life group.

